

THE AMA NEWS

published by The AMERICAN MEDICAL ASSOCIATION

September 22, 1958

The Newspaper of American Medicine

Capsules of the NEWS..

ASIAN FLU: Dr. A. M. Payne, British virus expert, warns a new Asian influenza outbreak can be expected this year—but milder than killer epidemic of '57. Last year's victims probably will suffer only common variety if infected again because of built up resistance. Virus is lying dormant in millions of persons who act as its reservoir, Dr. Payne said.

DOCTORS' ORDERS: Physicians in East Germany have been ordered by Communists to reduce sickness rate among workers in industrial plants. M.D.s are being held responsible by Government for lag in industrial output.

STEP SAVER: A new bedside control panel makes life easier for nurses. Device allows patient to draw drapes, control lights, regulate room temperature, adjust the bed, summon a nurse, or operate a two-way intercom system.

EAR IDENTIFICATION: A U. S. Public Health Service grant has made possible a study by U. of Illinois' Anthropologist Charles P. Warren to determine if ears are distinctive as fingerprints. Special camera will photograph ears of infants to see whether pictures will be useful years later for establishing identity. Warren believes process also could eliminate baby mix-ups in hospitals.

TV DOCTORS: National Assn. of Broadcasters has put more teeth into its code board order banning appearance on TV commercials of actors portraying physicians, dentists or nurses. NAB also bans props that would give false impression person speaking is member of medical profession.

PRIVATE PRACTICE: Czechoslovak Communist government has decreed ban on private practice of medicine by doctors, effective Jan. 1, according to Czech newspapers. Decree abolishes one of last vestiges of capitalist economy in Czechoslovakia.

POLIO EPIDEMIC: Detroit reported 208 polio cases in past month, 329 for year with 11 deaths. Health Commissioner Dr. J. G. Molner said "apathy of people is pretty bad," called it an epidemic. He sent polio vaccine teams into low income area hardest hit, urged others to get shots from doctors.



A FRIENDLY EXCHANGE takes place between a resident of Shelby, Iowa, and the community's new physician, Dr. H. J. Douglas, and his wife, Jane. Shelby folks greeted the Douglasses at a community picnic.

Modern Clinics Solve Problems

At Shelby, Iowa, Dr. H. J. Douglas has started his practice in an old building while citizens of the town build a modern clinic for him.

At Cincinnati, 36-year-old Dr. Harry O. Frederick is ready to leave a 12-year practice and his lifelong home for the "simpler life" of Carbondale, Colo., and another new clinic.

Both are rural communities, each with about 700 people, who have gotten their doctors through the Community Medical Assistance program of the Sears-Roebuck Foundation, in cooperation with the American Medical Association Physicians Placement Service and the respective state medical groups.

Good Future: Dr. Douglas, 27, kept an eye on a small boy with possible appendicitis while he told *The AMA News* of his belief in a good future as a general practitioner in a rural community.

He's a native of Meriden, Conn., but has been in Iowa for three years.

(See Clinic, Page 3)

Medicine's Role In Space Cited

Tension Mounts In M.D. Strike

Special, By Cable, To The AMA News
In most countries, doctors, no matter what troubles they may have with their patients, stay on the job.

Not so in Argentina where most doctors work in union clinics. If sufficiently provoked they can and did strike.

More than 11,000 Buenos Aires doctors went on a 50-day strike last month in a battle with labor unions. They returned to work in late August but went out again a week later.

Political Plums: During the time of ex-Dictator Juan Peron the doctors felt many clinic heads were appointed politically regardless of medical qualifications. Some were said not even to have the right degrees. Others received their M.D.'s as political plums with only token training and examinations.

After Peron was overthrown, many clinics were purged of political doctors and remained so until recently. Two months ago the powerful transportation union fired a doctor, replacing him with a union member.

(See Strike, Page 3)

AMA Welcomes Virgin Islands

AMA has its first new constituent society in 37 years—the U.S. Virgin Islands Medical Society.

The House of Delegates gave its approval to the new constituent society at the June meeting in San Francisco.

Dr. David C. Canegata is president of the 21-member society, whose headquarters are at Christiansted, V.I.

Not since 1921, when Alaska joined, has the AMA welcomed a new constituent group. It lost a society in 1946 when the Philippine Islands became independent.

The traditional and romantic affinity of sea and star has been re-established in the space age by medicine.

Submarine medicine authorities, playing the role of "big brothers," hosted a conference this month at U.S. Naval Submarine Base, Groton, Conn., for their "younger brothers"—the space medicine experts.

The meeting brought out that before greatly protracted undersea and space journeys can be made, these medical questions must be answered:

• What will be the effect of trace substances—cooking and perspiration odors, hydrocarbons from fuel oils, gas from shaving creams—in space
(See Space, Page 3)

Aging Problem Given Priority

"The answers to problems associated with aging and the aged must be made at the grass roots level."

This was the conclusion drawn by Dr. J. D. McCarthy, Omaha, Neb., at the close of the AMA Planning Conference on Medical Society Action in the Field of Aging, Sept. 13-14, in Chicago.

Dr. McCarthy, who chaired the conference as head of AMA's Council on Medical Service, told the 125 delegates representing some 40 states:

"If medicine is to play its proper role, if medicine is to offer the leadership so badly needed in this area, if we are to meet our needs while retaining the American heritage of freedom, then every state and county medical society will have to get to work. And get to work now."

Number One Task: At the opening day luncheon, Dr. Louis M. Orr, president-elect of the AMA, reminded the group that AMA leadership this year has assigned itself to the number one

(See Aging, Page 12)



The comic strip, Rex Morgan, M.D., appears in hundreds of America's newspapers.



DR. TORALD SOLLMANN, Cleveland Heights, O., chairman of AMA's Committee on Toxicology, is shown demonstrating examples of improper, false and misleading labeling of potentially dangerous household chemical products.

Group Answers Label Criticism

The AMA's Committee on Toxicology has answered criticisms of its proposed model law for labeling dangerous household and chemical products.

The committee's reply—in the form of questions and answers on why legislation is needed—was mailed to some 60 industry spokesmen who attended a discussion on the proposed labeling bill at AMA headquarters.

Informative Labels: The proposed law is intended for adoption on national and state levels. It would require informative labeling, including a listing of harmful ingredients, their potentialities for harm, directions for safe use and first-aid instructions.

Bernard E. Conley, Ph. D., committee secretary, said committee members would study all the criticisms and suggestions before finalizing the proposed model bill for the AMA Board of Trustees.

Industry spokesmen leveled their strongest criticism at the broad coverage of both household and industrial products in the bill.

The committee answered that there were four fundamental reasons for a broad "uniform hazardous substances act." They were:

1—The need to bridge the gap between existing labeling laws for certain chemicals and the vast array of products without warning labels.

2—Pesticide label laws were found to be most effective in states where household and commercial products were jointly covered.

3—Legal precedent for household and commercial use under one law was established by New York City regulations.

4—90% of the states have no labeling law for industrial chemicals.

The committee pointed out in its reply that 1,422 persons died in 1956 from accidental overexposure to packaged chemicals and that many of these deaths were associated with products which now are not required to have warning labels.

Suggestions Invited

Doctors are invited to suggest ideas for articles they would like to see published in *The AMA News*. Ideas most frequently suggested will be covered first. Address communications to: The Editor, *The AMA News*, American Medical Association, 535 North Dearborn St., Chicago 10, Ill.

AMA To Remodel Its Headquarters

Remodeling of the American Medical Association's nine-story gray granite headquarters building in Chicago is under way, according to Russell H. Clark, business manager.

The building is the hub of AMA's multitude of professional and public services, and houses the headquarters staff of 650 employees who work for America's physicians.

It houses, in addition to meeting rooms and offices for the various councils, bureaus and committees, an extensive medical periodical library, laboratories, recording studio, and offices for the many business and editorial departments. AMA is one of the world's leading publishers of scientific journals.

Three Floors Vacant: First section of the present building was completed at the turn of the century, and since has been expanded.

First three floors of the building, previously devoted to a printing plant, have been vacant for about two years. Clark said more productive use of this space will be accomplished by the remodeling.

The structure also will be air conditioned to meet present standards of good working environment and to increase summertime efficiency.

"The building is not now arranged to handle properly the many physicians who visit AMA headquarters," Clark explained. "Our many and varied services and facilities are maintained to be of service to members,

but it is difficult for visiting physicians to find their way around the building. Waiting room and lobby facilities are almost nonexistent. The remodeling will correct these inconveniences."

Wise Investment: Appraisal of the present site, at the corner of Grand Ave. and Dearborn St., indicated that an investment of more than \$10 a square foot would still represent a wise investment to AMA, Clark explained.

"The remodeled building will have a market value that will substantially exceed AMA's investment in it," he said.

The remodeling also will provide adequate meeting space and eating facilities which will reduce the necessity of renting hotel rooms for medical meetings of out-of-town groups as well as for headquarters staff.

N.Y. Office Moves

The Medical Society of the State of New York has moved its headquarters from 386 Fourth Ave. to 750 Third Ave., New York City 17, N.Y.

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Leaked Report Stirs California

Banner headline newspaper stories about irregularities in California hospitals were based on fragments of a study and did not tell the entire story, declared California Medical Association.

CMA's statement was made before the subcommittee on hospitals of the State Assembly's Committee on Public Health.

Subcommittee met after a San Francisco newspaper published a story under this headline: Doctor Hated (Health) Plan So He Let Patient Die.

Two-Year Study: The story was drawn from a 341-page report made by Richard H. Blum, 30-year-old psychologist, after a two-year study of California hospitals sponsored by CMA.

CMA has spent \$178,157 in three years studying relationship between physicians and patients. One report showed some 70% of malpractice actions rose from patients who had been hospitalized at the time of the alleged incident. CMA authorized the study to find out what happens in some hospitals that results in a high incidence of such actions.

The 341-page report leaked to the press even before the appropriate CMA committee had a chance to review and evaluate it. Blum left for an "extended European vacation" before the report was released.

"It is unfortunate the press stories which have appeared have been pretty much restricted to a few verbal, unverified items," the CMA statement said.

Corridor Gossip: Blum examined in depth only five of the state's 421 medical hospitals and admitted including much hair-raising corridor gossip in the report.

One such incident was this anonymous accusation:

A physician on hospital emergency duty found an accident victim belonged to a closed panel health plan. The physician hated the plan so he had the patient put back in the ambulance and sent to the closed panel hospital. Patient was dead on arrival.

CMA, knowing the names of hospitals studied, checked the case and found:

Public records disclosed case of Black vs. Wise, tried three months ago. Plaintiff alleged wrongful death. In the trial it developed that Black had a severe head injury, that Dr. Wise, a general practitioner, was not trained in brain surgery, that Dr. Wise thought the panel hospital did have a specialist for this type of injury, that the patient was sent to the panel hospital because of these facts and that Dr. Wise had no prior anticipation that he would not survive the journey.

Result: Jury voted 11-1 to exonerate the doctor.

Dates to Remember

- Sept. 24-26—23rd annual meeting, Mississippi Valley Medical Society, Hotel Morrison, Chicago.
- Sept. 25—Steroids Symposium, George Washington U., Washington, D.C.
- Oct. 9-10—11th annual Health Conference for Business-Industry, Rice Hotel, Houston, Texas.
- Oct. 16—5th annual Symposium of AMA Council on Foods and Nutrition, U. of Wisconsin, Madison.
- Nov. 8-9—9th County Medical Societies Civil Defense Conference, Drake Hotel, Chicago.
- Nov. 21-22—5th annual Conference of Mental Health Representatives, State Medical Assns., Drake Hotel, Chicago.
- Dec. 3-5—AMA Clinical Meeting, Hotel Leamington, Minneapolis, Minn.



"You've definitely got a virus or something."

Strike

(Continued from Page One)
ing him with a former Peronista appointment.

Doctors who are organized in a medical union went out on a 24-hour protest strike. The transportation union answered by discharging all its 170 doctors and the medical strike was on in earnest.

For 50 days the Buenos Aires physicians kept only a skeleton force in labor clinics, treated only emergency cases. Some 11,000 doctors in the rest of the country went out for 12 days to show their support.

Others Join Strike: Many pharmacists and laboratories refused to fill prescriptions or run tests for 500 non-striking doctors. Veterinarians, chiropractors, and other allied groups staged token strikes for the doctors.

The strike did not affect to a great extent those who went to private doctors.

As tension increased between the medical men and unions, labor leaders threatened to cut off phone service and electricity and to refuse to deliver milk, bread or newspapers to physicians.

Doctors reported they couldn't get repair men to come to their offices.

Strike Continues: Finally, as public opinion grew against them, the doctors agreed to a government compromise. The 170 doctors fired from the transportation union were given jobs in a specially created Federal Department of Preventive Medicine. The doctors went back to work.

However, textile soap workers and metallurgical unions refused to let their doctors take back their old jobs. The government could not effect a compromise and out went the doctors again early in September.

The government is attempting a settlement. Doctors say they will remain out if there is even one reprisal by the unions.

Many of the Argentina unions are led by down-the-line followers of Peron. Doctors for the most part are anti-Peronista conservatives.

Clinic

(Continued from Page One)
The Sears program is operated with a Medical Advisory Board of AMA members. Dr. Samuel Newman, Denver, is chairman.

How It Works: The Foundation is attempting to be of assistance in attracting physicians to those communities which need them, explained Norman H. Davis, director of the medical program.

Here's how the program has been set up:

1. A community applies to the Foundation for help.
 2. A survey of the community is made to determine whether it can support a doctor.
 3. If the community decides to go ahead, the Foundation helps set up a non-profit corporation and raise money to build a clinic.
 4. The Foundation provides architectural plans and guidance in building the clinic.
 5. The community writes to doctors advertising itself and its clinic. The names of the doctors are provided by the state medical societies and the AMA placement bureau.
 6. After a doctor and a community have agreed upon each other the Foundation helps the doctor buy equipment for the clinic, assists if necessary in getting a loan to provide for the doctor's family, helps train workers for the clinic, and advises the doctor on business practices.
- "We expect the community to do most of the work," Davis said. "It must sell itself to the doctor. We lend no actual money to the town."
- The Sears Foundation also has helped match clinics and doctors at Cobden, Ill., Huntley, Ill., and Rochelle, Ga. Davis estimated as many as 50 communities have applied.

Dr. Robin Hood Gets a Birdie

Dr. Robin Hood, New Rochelle, N.Y., teed off on the ninth hole at a Lake Clear, N.Y. golf course the other day and the golf ball killed a robin in flight. Other golfers in Dr. Hood's party and Jack Roosa, club manager, saw it happen.

P.S. The ball continued on and Dr. Hood made a par three.

Space

(Continued from Page One)
ships or nuclear subs during long periods of time?

- What are the ranges of environmental adaptation of the body's system of physiological balances and counterbalances?
- What will be the effect on efficiency if a man's normal physiological cycle based on changes from daylight to darkness is eliminated?
- What are the specific effects of environmental changes on consciousness?
- What are the effects of decreased energy expenditure on crewmen?

These questions were outlined by Navy Capt. Joseph Vogel, Officer-in-charge of the medical research laboratory at the submarine base and one of the men who first conceived the need for a meeting of space and undersea scientists.

Billed as the first International Conference on Submarine and Space Medicine and sponsored by American Institute of Biological Sciences, the meeting attracted 250 scientists from 10 nations.

T. A. Gaucher, General Dynamics Corp., said man may be able to travel underwater and in outer space for unlimited periods because of a new strain of algae which purifies air.

Why Some People Almost Always Make Money in the Stock Market

WHY DO SOME "foolhardy" people make money in the stock market, while some of the most cautious people "lose their shirts"? What is the basic secret of preserving and multiplying your family nest egg?

After 35 years as a stock market investor, writer, broker and advisor, G. M. Loeb is more convinced than ever of the answer: most investors have mistaken ideas about true financial safety.

According to Mr. Loeb, a Partner in the famed brokerage firm of E. F. Hutton & Company, it is actually safer to put a small portion of your capital in a well chosen speculative stock and keep the rest of it idle—than it is to put all of it in a supposedly "safe" blue-chip stock. And he tells why, based upon facts drawn from his wealth of successful experience.

This is just some of the startling advice given in his unusual how-to-invest book, "THE BATTLE FOR INVESTMENT SURVIVAL" (75,000 copies have already been sold!) And here is some more:

- Diversification can limit profits.
- The fact that a stock is widely held by investment trusts is not always a good reason for buying.
- "Dollar averaging" is, most of the time, throwing good money after bad.

—It's really safer to aim at doubling your money than to aim at investing it for a 4% to 6% return.

What makes Mr. Loeb's daring rules so impressive is that he is not an ivory-tower theorist who has merely tested his ideas "on paper." Instead, he is one teacher who for 35 years has practiced with cold cash what he preaches. And with big-profit results — for, as *Newsweek Magazine* says about his book, "written by a man who has out-smarted the market for years."

In this book he warns of Pitfalls for the Inexperienced... tells What to Look For in Security Programs... What to Buy — and When... Advantages of Switching Stocks... How to Gain Profits by Taking Losses... How to Detect "Good" Buying or "Good" Selling... and many other "insider's" secrets. No wonder the *Wall Street Journal* says: "His book is a must."

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AMA NEWS

The Newspaper of American Medicine

Published under auspices of the Board of Trustees
SEPTEMBER 22, 1958 • VOLUME 1 • NUMBER 1
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Editorial Viewpoint

Volume 1, Number 1

THE AMA NEWS, which makes its debut with this issue, is a fortnightly newspaper based on a new concept of reporting news of interest to America's physicians.

It was conceived after more than a year of inquiries, research and personal interviews with doctors. It is designed to fill the doctor's need for news of the medical community. It is edited in easy-to-read style for the busy physician.

We believe *The News* fills a gap now not served by any other publication.

Editorial content will be non-technical, featuring articles of special interest to doctors in the medico-economic and socio-economic fields. It will reflect all aspects of a physician's life, his work, his problems.

The News will concentrate on articles not now carried in other AMA Journals. For example, scientific reports will be news stories, many of them calling attention to detailed articles in *The Journal of the American Medical Association* and other publications.

Its purpose is practical—to help doctors figure out the day-to-day problems that go with practicing medicine, bettering the health of the community and the profession of medicine.

The editorial formula will not be static. Changes and refinements will be made to keep pace with changing times. The editors will never be content, never satisfied, but constantly striving to give *The News* new vigor and vitality.

It will be *The News'* aim to keep physicians informed on legislation affecting the practice of medicine, trends in business and investments, news and court decisions in the medico-legal field, and to report the who, what, when, how and why in the world of medicine.

The News also will seek to entertain through cartoons, humor and anecdotes. It will carry articles outside the broad field of medicine but of interest to doctors—covering subjects such as travel, sports, hobbies and the arts.

There also will be pictures and personality profiles, editorials and letters to the editor.

While *The AMA News* will not be a "house organ" of the American Medical Association, it will report the Association's many and varied activities. But it also will report news of interest from other associations in fields closely related to the practice of medicine.

We hope, too, that the newspaper will serve as a means of exchange of useful, interesting facts and ideas.

Because doctors are truly "men in motion" with professional duties keeping them on the go most of the day and night, it will be the goal of the editors to pack more news of interest to doctors into each issue of *The News* than can be found per minute of reading time in any other one package.

It also will be our job to report each story accurately and fairly. Complicated ideas will be simplified and explained in a minimum number of words. And we hope to keep it unforgettably interesting.

After you've read this issue, we'll appreciate your comments. We also suggest you take it home, so your wife can read it. We'd like her comments, too.

Our goal is to make *The AMA News* medicine's greatest conduit of communication. And through our editorials, we hope to help stimulate, challenge and strengthen the moral and intellectual foundations of the democratic way of American medicine.

Quotes in the NEWS

Harold McMillan, Prime Minister of Great Britain: "There is no difference between Socialism and Communism except this: Socialism is soft, Communism is hard; Socialism is pink, Communism is Red. Socialism gets you down bit by bit by a kind of anesthetic process. It might be called mercy killing. Communism just knocks you on the head."

Ty Cobb, former major league baseball star: "I regret to this day that I never went to college. I feel that I should have been a doctor."

'What Do We Do Now?'



As Others See It

The Unsugared Pill

Omaha, Neb. World-Herald

Ten years ago every man, woman and child in Britain became eligible for free medical and dental service. Everything from hospital care to wigs was included in this boon from the creators of the welfare state.

Socialized medicine came to Britain, as the *London Economist* reminds its readers, on the promise that publicly provided medicine would be no more of a burden on the economy than private medicine, and that the benefits would be so great "we cannot afford not to have it."

The *Economist* reports today little is heard of these promises. The British have learned that Government cannot reduce sickness simply by providing free treatment. And the people have found that as taxpayers they are spending a lot more for medical treatment than they did as paying patients.

In the past 10 years only one small new hospital has been built in all the British Isles. And the rush of people for treatment has handicapped many who need it most—and who were provided with excellent free treatment before socialized medicine came along. These are the aged, the chronic sick who have been crowded out of the hospitals, and school children who need dental care.

To keep the total bill down, the Government has been driven from expedient to expedient. It raised the health service "contribution," or tax. It vetoed pay increases for certain health service workers—and finally it started charging patients small fees. Nevertheless, the health service has to have more money and soon.

The *Economist's* report is particularly enlightening because there has been so much propaganda in America recently about the magnificent, overwhelming success of Britain's "free" medicine. The facts indicate that it's not very good and that its problems are growing.

The British experience is a pretty good argument for keeping the private medical system which we Americans now have.

● Nothing Serious

● Frustration, one psychiatrist said, is dreaming that your wife and Brigitte Bardot are fighting over you—and your wife is winning.

● The man who attributed his longevity to the fact he ate lots of onions and garlic must have been a scintarian.

● Nothing prompts the payment of an old doctor bill like a new ache in the stomach.

● Hear about the fellow who always let his friends pick up the dinner check? He had a terrible impediment in his reach!

● An Iowa M.D. said the fellow who coined the phrase "life begins at 40" must have had beginner's luck.

As I See It

Here it is!

This initial issue of *The AMA News* opens another important avenue of communications. It is another step by the American Medical Association to increase the services the association provides to physicians.

Modern medicine is moving ahead at a fantastic pace. In the past quarter century medical progress has been greater than ever before. The next 25 years promise even more spectacular gains.

It is difficult for the busy physician to keep abreast of this progress.

The AMA believes it has done a good job in keeping its members informed of scientific developments. In the non-technical area, however, there is much to be done. This is the assignment for *The AMA News*.

The medico-economic and socio-economic fields of medicine are becoming more complex each year. The interest of Congress in matters directly and indirectly related to medicine is growing. Third parties are stepping in between doctor and patient. There are problems associated with rising costs of practicing medicine. And there are new products, new methods and new findings of interest to physicians. *The AMA News* will attempt to gather, correlate, and summarize data on these and other activities and to deliver it speedily to America's doctors.

It is our goal to make the most of this publication. In fact, we shall be eager to improve and increase the effectiveness of it with each succeeding issue.

It is our ideal to build a truly great newspaper for American medicine, covering a field not now covered by other publications. We shall strive to meet the need for rapid growth and broad coverage of news of medical interest and to publish it in a readable fashion.

We welcome your suggestions.

7 J. L. Blasingame

The AMA News is published every other Monday by the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois. Telephone: WHitehall 4-1500.

While *The AMA News* is published by the American Medical Association, the Association does not necessarily endorse all of the material appearing in *The News*.

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Hill 5-1744; Dale B. Clarke, 1919 Wilshire Blvd.,
Los Angeles 57, Calif., HUbbard 3-3811.

Circulation

Circulation Manager: Robert A. Enlow

The yearly subscription rate of *The AMA News* is: U. S. and Possessions \$3.00; Canada \$3.50; Other Foreign Countries \$5.00; Single Copy 15c. Application for mailing made August 11, 1958, at the Post Office at Waterloo, Wisconsin, under the Act of March 3, 1879. Printed in U.S.A. CHANGE OF ADDRESS: Please notify publisher at least six weeks in advance, including both old and new address, and a mailing label taken from the most recent copy. Include your new Postal Zone number, if you live in a zoned city.

Please address all communications and subscription orders to: The AMA News, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

Scanning the News

72% Covered By Health Insurance

Health Insurance Council estimates 123 million, or 72% of total U.S. civilian population, now is covered by some form of health insurance. . . . Despite reports linking smoking and lung cancer, Americans are smoking more cigarettes than ever before. An all-time high of 409 billion cigarettes were smoked in U.S. in '57—11% more than '54. Eight out of 10 men, one-third of all women are smokers. . . . America's philanthropic public now gives more than \$800 million yearly to health drives.

TRANSFUSIONS: Life for Mrs. Charles Kurnat, Ionia, Mich., has been sustained 20 years by 1,055 pints of blood given in transfusions. Her ailment has been diagnosed as a rare hereditary disease that causes nasal and oral bleeding by dilation of capillaries and small arteries. It is estimated the 1,055 pints is equivalent to replenishment of Mrs. Kurnat's entire blood supply 88 times.

BLOOD PLASMA: New Louisiana law requires blood plasma be labeled according to race. Only exception: Plasma not labeled may be used in disaster areas or in case of dire emergency. . . . American Dental Assn. survey showed 65% of toothbrushes were too worn to be serviceable. . . . Number of aged increases about 2,000 a day. Public Health Service reports there were only three million Americans 65 or older in 1900. Today: 15 million. By 1975: 20 million. . . . American hospitals cared for almost 23 million patients in '57, an increase of 900,000 over '56. An average of 107 personnel for each 100 patients was employed in all hospitals.

DOCTOR DRAFT: Unless Defense Department can meet armed forces requirements for doctors through voluntary means, a doctor draft extension may be sought in next session of Congress. . . . Secretary of Defense Neil McElroy has ruled veterinary services in armed forces will be continued. . . . Nearly 15 million people saw a filmed extract from Dr. Gunnar Gundersen's inaugural address on TV. The 112th AMA president was inducted at the San Francisco meeting. The film was used on 208 TV stations in 143 cities.

HEART RESEARCH: About \$8 million will be spent to support scientific studies of heart and blood vessel diseases in 1958-59 fiscal year by American Heart Assn. It is largest sum AHA has allotted to cardiovascular studies in 10 years. . . . *Strokes, a Guide for the Family*, published by AHA, was prepared primarily for those who live or care for the stroke patient. Physicians may request booklet from the local Heart association to give to families of such patients.

Appointment Told

Dr. M. Eleanor Blish of Houston, Texas, has been appointed a member of the field staff of AMA's Council on Medical Education and Hospitals. Dr. Blish has been in the private practice of pediatrics in Houston since 1944 and on the staffs of Baylor University College of Medicine and Children's Clinic at Houston Tuberculosis Hospital.

Clinical Meeting GPs Will Get Practical Information

Practical information for daily use by general practitioners is the intent of the planners of AMA's 12th clinical meeting Dec. 2-5 at Minneapolis.

The scientific and technical exhibits will be under one roof in Minneapolis Auditorium.

AMA's House of Delegates will be meeting concurrently at the Leamington Hotel, about three blocks away.

Rooms Reserved: More than 3,000 physicians are expected to attend the meetings. Three rooms within the auditorium have been set aside for lectures and motion pictures while a fourth is reserved for color television.

Physicians are asked to make their hotel reservations through AMA, Clinical Meeting Housing Bureau, Sixth Floor, Lutheran Brotherhood Bldg., Minneapolis 2, Minn.

Dr. O. L. Norman Nelson, president of the Hennepin County Medical Society, Minn., is the local general chairman for the clinical meeting. Dr. N. L. Gault Jr., also a member of the Hennepin County Society, is the local program chairman.

Governor to Speak: AMA's Council on Scientific Assembly directs the



MINNEAPOLIS HOSTS for the AMA Clinical Meeting are (left to right) Dr. N. L. Gault Jr., program chairman; Dr. Horatio B. Sweetser, president of Minnesota State Medical Assn.; Dr. O. L. Norman Nelson, general chairman.

meeting. Dr. Alphonse McMahon, St. Louis, is chairman; Dr. Thomas Hull, secretary and George Larson, convention services manager.

Minnesota Gov. Orville Freeman will address the House of Delegates and Dr. Horatio B. Sweetser, president of the Minnesota State Medical Assn., will welcome the clinical assembly.

A new feature of the clinical session will be 10 roundtable breakfasts.

Award Deadline

Deadline for state societies to nominate candidates for AMA's general practitioner award is Nov. 1. The winner will be announced at the AMA Clinical Meeting Dec. 2-5 at Minneapolis.

This will be the 12th such award. Dr. Cecil W. Clark, 33, Cameron, La.,—a hero of Hurricane Audrey—received last year's award.

Nominations first are made to the county society which recommends to the state society. The state society recommends one man to the AMA. The chairman of the Board of Trustees appoints a "secret" committee to study the nominations and submit one or more names to the trustees, who make the final choice.

Congressional Review

Major health legislation passed during the second session of 85th Congress:

MEDICARE: Civilian medical care for dependents of military personnel will be reduced drastically Oct. 1 because of money limitations voted by Congress. Defense Dept. spokesman said temporary halt of program might be necessary. Some dependents will be required to get permits to use civilian services.

SOCIAL SECURITY: Increased Old Age, Survivors and Disability Insurance benefits 7%. Provided additional \$197 million for public assistance recipients. Gave states greater flexibility in use of federal funds for financing medical care of aged, blind, disabled and dependent children. Increased taxable base from \$4200 to \$4800. By 1969, self-employed will be paying 6 1/4% of earnings.

CONFERENCE ON AGING: President instructed to call White House Conference, on Aging in January 1961. Series of state-organized meetings to precede conference. To help states finance meetings, law provides up to \$15,000 a state.

CHEMICAL ADDITIVES: Bill prohibits use of chemical additives in foods until their pre-testing has been approved by Food and Drug Administration.

HEALTH APPROPRIATIONS: Congress voted \$745,747,000 for U. S. Public Health Service. Research money for the seven institutes under Dept. of Health, Education and Welfare increased nearly 40%. Hill-Burton hospital construction program received boost of close to 55%. \$6.9 million voted for new quarters for Nat'l Library of Medicine.

HILL-BURTON: Hospital construction program given 5-year extension. For first time, Hill-Burton loans will have same rate of interest as government pays for its own borrowing.

PUBLIC HEALTH SCHOOL GRANTS: 11 schools of public health promised total of \$1 million annually in federal grants. Funds will not be available until next Congress acts.

CIVIL DEFENSE: Voted \$62 million to the states for purchase of radiological instruments, personal equipment for state and local civil defense workers and for administrative and personnel expenses.

MILITARY AND VA PAY: General pay increase for military included same increases for physicians in the services. Law also retained incentive pay schedule for doctors in uniform. Separate act approved salary increases for physicians in VA.

WELFARE PLANS: Both labor and management health and welfare plans required to make annual financial reports to Secretary of Labor. Exempts plans with fewer than 25 members. Fines as high as \$10,000 or five years imprisonment for falsification of reports.

DOCTOR DRAFT: Under this act passed in first session, selective service has authority until July 1, 1959 to call certain physicians up to age 35 for military service. Only doctors with obligations under regular draft and who have been deferred for any reason may be called.

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Union, Medical 55 Nations Now Belong to WMA Leaders Meet

A medical conference sponsored by the International Ladies' Garment Workers' Union was hailed by union and medical leaders as a constructive step toward solving differences over "third parties."

AMA "has never been opposed to health insurance or third parties," Dr. James Z. Appel, Lancaster, Pa., a member of AMA's Board of Trustees, told the conference at Forest Park, Pa. "American medicine has been opposed to specific forms of both health insurance and third parties when, after study, it has been found that the methods of operations of these plans were, or might become, detrimental to providing the best medical care to the beneficiaries of the plan."

AMA looks with concern upon plans, such as occurred in coal areas, which provide for selection of the physician by the third party, Dr. Appel stated.

"There should be free choice of hospital provided in any plan alongside of free choice of physician," he added. The method of payment is not as important to the physician as the two principles above, he explained.

ILGWU's early efforts in focusing public attention on workers' health problems was cited by Dr. Herbert K. Abrams as "contributions to health no less significant than the scientific discoveries we make in our laboratories or the surgical operations performed in our hospitals." He is medical director of Union Health Service, Inc., Chicago, and secretary, American Labor Health Assn.

Uruguay and Vietnam medical associations became members of the World Medical Association at its 12th general assembly at Parliament House, Copenhagen, Denmark. Total membership now includes 55 nations, representing an international coverage of more than 700,000 physicians.

Dr. Charles Jacobsen, president of Danish Medical Association, was elected president, succeeding Dr. Rasim Onat, Turkey. Dr. Leon Gerin-Lajoie, Montreal, past president of Canadian Medical Association was named president-elect.

Montreal Meeting: WMA will meet in Montreal in September 1959, preceded by a second World Conference on Medical Education at Chicago in August.

Among the 500 delegates attending WMA assembly were the AMA representatives—Dr. Leonard Larson, Bismarck, N.D., chairman of Board of Trustees, and Dr. David B. Allman, Atlantic City, immediate past president. Alternate delegates were Dr. Louis Orr, Orlando, Florida, president-elect, and Dr. Edward P. Flood, New York City.

Dr. F. J. L. Blasingame, AMA executive vice president, was asked by the Council of WMA to serve as a delegate from Brazil. The South American member, unable to send a delegate, asked that a representative be named from AMA.

During discussion on the Committee of Socio-Medical Affairs' report, it was indicated there is a universal struggle going on between governments and the profession in various areas of the world.

Goals of Group: In this struggle the profession is trying to maintain

its identity as a professional group, contending for free choice of physician, secrecy of professional communications between patient and physician, and reasonable compensation for services rendered.

Dr. John Henderson, New York City, medical director of Johnson & Johnson, told the assembly that in the U. S. alone three million persons were alive because of the almost unbelievable progress of medicine in the last 10 years.

Dr. Henderson said medicine was universal in its outlook. He further stated that men of science spoke a common language, ethics were universally applicable, and a great deal of international understanding could be gained through promotion of the outlook of the health team.

Financing Method: Dr. T. C. Routley of Canada, who outlined a new method of financing WMA, said that historically the U.S.A. supporting

committee and AMA had contributed as much as 90% of the association's annual income. Sources in America supplied 58% in '58.

WMA's 1959 budget was set at \$250,000. Dr. Routley said each member should be persuaded, acting in good faith, to adopt as much of its share as possible so that relatively more could be given by other nations, relatively less expected from the U.S.A.

It was the consensus that publications are the most effective means of communicating medical information, and that advertising of pharmaceuticals offered a legitimate and effective means of financing medical publications. There are more than 5,000 medical publications in the world.

Dr. Blasingame said, "It was probably the most substantial and effective meeting which has been held by the WMA."

Doctors in The NEWS

Dr. David B. Allman, immediate past president of AMA, has been named general chairman of local committee on arrangements for AMA meeting in Atlantic City, June '59.

New trustee of Americans for Constitutional Action is Dr. Walter B. Martin, Norfolk, Va., president of AMA in '54. Purpose of organization is to support free enterprise, private ownership, states' rights, sound fiscal policy.

Former director of AMA's Bureau of Investigation, Dr. Frank J. Clancy,

66, died in Seattle. A retired urologist, he was author of *Doctor, Come Quickly*.

Maj. Gen. Harry G. Armstrong, former Air Force surgeon general and pioneer in space medicine, has retired after nearly 30 years of service.

Dr. Evan W. Thomas has retired from the New York State Health Department. Dr. Thomas, 68, had been a consultant both to the World Health Organization and the U.S. Public Health Service.

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Faker Spins Tangled Web

"O, what a tangled web we weave
When first we practice to deceive."
Sir Walter Scott

Investigators in Chicago still are working to unravel some details in the "tangled web" left by a 31-year-old fake doctor.

The impostor, Peter J. Frank, began his medical masquerade as "Dr. Edwin Galler" early in July and was arrested six weeks later when an alert nurse tipped police of Frank's impersonation.

However, before his downfall, Frank had:

- Hoodwinked a real physician, Dr. Edmund J. Kadlubowski, into believing he was a doctor.

- Answered some 60 emergency calls for the suburban Oak Park Physicians and Surgeons Exchange after getting on its list with Dr. Kadlubowski's well-intentioned assistance.

- Fooled several other doctors with his impersonation and bluffed his way into Cook County Hospital with a patient.

- Maligned the name of the real Dr. Edwin J. Galler, who just began medical practice after completing his internship.

- Duped a pharmacy into filling 19 prescriptions for him, sometimes by telephone.

Frank's arrest brought out that he previously had been jailed three years for obtaining narcotics while posing as a physician and that five persons he treated had died.

Second Man Held: It also was revealed that a second physician referral service had been bamboozled by Frank during his first tour as a pseudo-physician.

Disclosure of the deaths and simultaneous arrest of a second man in the Chicago area on a charge of posing as a physician resulted in wide publicity.

But as *The AMA News* went to press, none of the deaths had been traced directly to negligence on the part of Frank.

Frank, a high school graduate with only a smattering of medical knowledge picked up in Army and prison hospitals, pulled off his impersonation with the barest equipment—medical kit bag, second-hand stethoscope, white coat and pants.

Exchange Criticized: Sharpest criticism was leveled at the Oak Park Physicians and Surgeons Exchange for failing to investigate Frank fully before putting him on its emergency list.

The Chicago Medical Society established a special committee to determine if physicians referral agencies "are utilizing existing facilities for protecting themselves and the public against fraud and deceit."

At a meeting with the committee, Coroner Walter E. McCarron, who is not a physician, accused the medical profession of "much laxity" in cracking down on quacks.

Medicine's Answer: Medical leaders pointed out that the prevention of quackery is not up to the profession but the Department of Registration and Education and the state's attorneys.

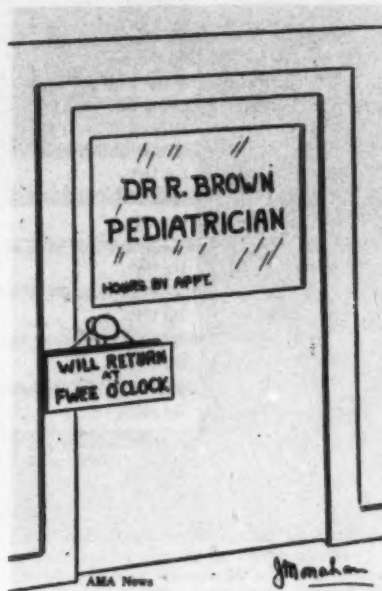
Spokesmen for the profession also brought out that:

- Competent doctors always can be reached by citizens of Cook County through the Chicago Medical Society's emergency medical service.

- The profession had urged legislation which would cut down on quacks by requiring annual re-registration of physicians and annual publishing of the names of all licensed physicians.

- They wanted all medical answering services to be licensed and under strict supervision.

- They favored legislation calling for higher re-registration fees so funds would be available to the state for adequate policing of medical practice.



Trip Around the World Will Set Up New Exam

The first world-wide American Medical Qualification Examination will be held Sept. 23 in 35 foreign countries.

Dr. Dean F. Smiley, executive director of the Educational Council for Foreign Medical Graduates, said the program will seek to provide a common denominator for examinations in more than 600 foreign medical schools.

Applications to take the exam have been filed by 1,136 persons.

The examination follows a round-the-world trip by Dr. John P. Hubbard, professor of Preventive Medicine at the University of Pennsylvania, to complete arrangements with proctors.

In revolt-torn Lebanon, the class of

1959 at American University, School of Medicine, Beirut, applied as a group to take the examination.

ECFMG opened its office in October, 1957, at 1710 Orrington Ave., Evanston, Ill., and gave the first examination to 298 foreign applicants with U.S. addresses in March, 1958. Examinations will be given twice a year, in Spring and Fall.

ECFMG is sponsored by American Hospital Assn., American Medical Assn., Association of American Medical Colleges, and Federation of State Medical Boards of the United States.

The Council is directed by a board of trustees headed by Dr. J. Murray Kinsman, Louisville, president, and Dr. Edwin S. Hamilton, Kankakee, Ill., vice-president.

A. M. A.

12th

Clinical Meeting

MINNEAPOLIS, MINNESOTA
DECEMBER 2-5, 1958

The 12th AMA Clinical Meeting in Minneapolis will feature a related, balanced program of lectures and clinical conferences. Attention will be focused upon the diseases and conditions most frequently met by the General Practitioner.

Registration will begin at 8:30 a.m., Tuesday, December 2. The meeting will close each evening at 5:30 p.m., and Friday, December 5, at noon.

All reservations for Minneapolis hotels listed should be cleared through the A.M.A. housing bureau before November 22, 1958. Use the form below and mark your calendar so that you'll be in Minneapolis December 2 through 5, 1958. By taking a few moments now, you will assure yourself of a hotel reservation.

	SINGLE	DOUBLE	TWIN	SUITES
ANDREWS Hennepin at 4th	\$4.85-10.00	\$6.85-15.00	\$ 8.30-15.00	
CURTIS 10th St. & 3rd Ave. So.	5.50- 7.50	7.50- 9.50	9.50-13.00	\$12.00-25.00
DYCKMAN 27 S. 6th St.	6.50-16.00	9.50-16.00	11.50-18.00	30.00-45.00
FRANCIS DRAKE 10th St. & 5th Ave.	6.50 10.00	8.50-11.00	10.50-12.50	
HAMPSHIRE ARMS 900 4th Ave. So.	4.50- 6.50	6.00- 8.00	7.50- 9.50	
LEAMINGTON (Headquarters Hotel - No Rooms Available)				
MARYLAND 1346 LaSalle Ave.	5.00- 8.00	8.00-12.00	9.00-16.00	
NORMANDY 405 S. 8th St.	5.50- 6.00	6.00- 8.00	7.00-12.00	
PARK-PLAZA 1700 Hennepin	3.75-12.00	6.00-15.00	6.50-15.00	
PICK-NICOLLET Nicollet & Washington	5.50-12.50	9.00-15.00	11.50-16.00	25.00-60.00
RADISSON 45 S. 7th St.	5.50-10.00	8.50-12.50	12.00-16.00	25.00-60.00
SHERIDAN 1112 Marquette	5.00- 6.50	7.50- 9.50	9.00-12.00	
VENDOME 17 S. 4th St.	3.50	5.00	5.50	

American Medical Association

Clinical Meeting Housing Bureau
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Minneapolis 2, Minn.

Please reserve the following:

Hotel.....Hotel.....Hotel.....
First Choice Second Choice Third Choice
Room(s) with bath for.....person(s). Rate \$.....to \$.....per room.
Room(s) with.....double bed or.....twin beds for.....person(s). Rate \$.....to \$.....per room.
Suite (parlor and bedroom) for.....person(s). Rate \$.....

Rooms will be occupied by:
Date Arriving Minneapolis..... hour..... P.M. Leaving.....
(Please attach list of additional names if you do not have sufficient space here.
Also list ages of children, if any.) Print or type

Name Street Address City Zone State

If you are a technical exhibitor, be sure to give name of firm and individuals to occupy room or rooms reserved.

Some 700 bills with medical implications were introduced in the 85th Congress. Thirty were enacted into law. Many of the others, which tumbled by the wayside for one reason or another, are almost certain to be introduced anew in the 86th Congress convening Jan. 7. All this legislative activity is further indication that modern medicine has become involved in all the cross-currents of public interest, public opinion and political action. (For Congressional Review on health legislation see story page 5.)

Record Number of Bills

The number of bills considered by Congress increases each session as the Federal Government plays an increasing role in the lives of all Americans. All told 21,000 bills were introduced in the 85th session—more than in any of the preceding 10 Congresses. In addition, the 85th enacted more laws than any Congress in history save one. And it set a peacetime record for appropriating money to spend.

AMA Endorses 19 Proposals

The American Medical Assn. presented oral or written testimony on 28 major issues during the last Congress. Nineteen times the Association actively endorsed the proposal. In six instances it opposed legislation, on three occasions it was either neutral or presented information only.

Forand Bill

Of the 700 health bills introduced, more than 75 proposed amendments to the Social Security Act. One such bill was H.R. 9467 introduced by Rep. Aime J. Forand (D. Rhode Island). Generally referred to as the Forand bill, it proposed to provide government hospital and surgical care for approximately 13 million eligible social security claimants. Fees for surgeons and charges for hospitals and nursing homes would be determined by the Federal Department of Health, Education and Welfare.

Estimated cost of health care benefits proposed by the bill exceeded \$2 billion annually, which would push total necessary social security payroll taxes to more than 11%—a 37% increase.

Washington observers say the Forand bill is not dead—not by a long shot. It failed to win approval of the House Ways and Means Committee, but Rep. Forand is expected to try again.

AMA opposed the bill, in part, on grounds it proposed a political solution to a health problem.

Jenkins-Keogh Bills

Jenkins-Keogh bills (H.R. 9 and 10) to allow the self-employed to defer income taxes on money put into retirement plans are expected to be pressed again in the 86th Congress—with chances of passage better than ever before. H.R. 10, supported by AMA, was passed by the House on July 29. Earlier it was reported favorably by the Ways and Means Committee. Both events were high water marks in the 10-year-old struggle of the self-employed to obtain equality for retirement fund purposes with employed persons. The bill failed to pass the Senate, being caught in the closing rush of the session.

Doctors in Congress

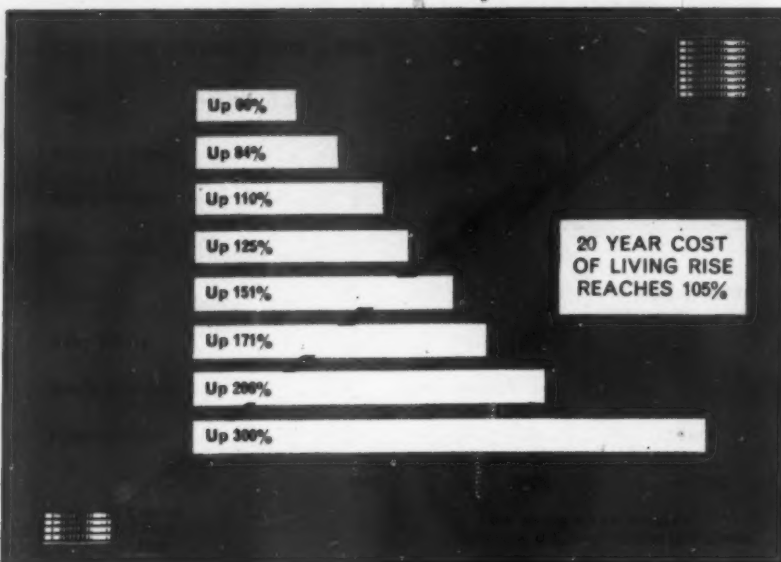
All five M.D.'s now serving in Congress, will be candidates to succeed themselves in the fall elections. They are: Reps. Thomas E. Morgan (Pa.), W. E. Neal (W. Va.), Walter H. Judd (Minn.), Ivor D. Fenton (Pa.) and A. L. Miller (Neb.). Morgan is the only Democrat. Reps. Neal and Judd were the only two who faced primary opposition. Both won nominations.

Famous Heart Victim

After his heart attack three years ago, Senate Majority Leader Lyndon Johnson (D. Tex.) switched from "the pace that kills" to a life-saving work-and-rest schedule. "A Heart Attack Saved His Life," in October's *Today's Health*, tells how the Senator learned that the same things you must do to prevent a recurrence of a heart attack are probably what you should have done to prevent it from happening in the first place. Before his illness, Sen. Johnson was so busy trying to take care of the country he neglected to take care of himself. Now he counts his calories, takes a daily nap, has learned to delegate authority and take vacations.

Government Intervention

The National Conference of Catholic Charities opposes entrance of the government into the field of hospital and medical group insurance. Its spokesman, Msgr. John O'Grady says: "We believe that it brings the Federal government too close to the problems of family life. It is an entire departure from the objectives of a social insurance program."



LIVING COSTS SOAR—Living costs have gone up an average 105% in 20 years since 1938, according to U.S. Government cost of living index. That means that on the average, you must pay \$2.05 today for something you could have bought for a dollar back in '38. See graphchart above for what happened to some individual family budget items.

Wages Held Chief Reason For Rising Hospital Costs

The new president of the American Hospital Association, Ray M. Amberg, blames a general wage increase as the No. 1 factor in the rapid increase of hospital costs.

Asked by *The AMA News* to explain a tripling of hospital costs in the past 20 years, Amberg, director of the University of Minnesota Hospitals, Minneapolis, said:

"The chief element in increased hospital costs is the result of a general rise in wages. These wage increases have been for everybody—elevator man, cook, and maintenance man, laboratory technician, etc."

"At our hospital, 2.2 hospital personnel are required for each patient. Since no one gets less than \$10 a day, the personnel cost alone for each patient is at least \$22. (Latest figures show that average hospital expense per patient day is \$28.81)"

Amberg pointed out that part of the rise in hospital costs have come from expensive equipment, such as heart-lung machines and cobalt bom-

bardment sources, which were unheard of 20 years ago.

Other reasons cited by Amberg were:

- Many common illnesses which required hospitalization 20 years ago now are treated at home with "wonder drugs" or new techniques. Patients who must enter hospitals need more complex care.

- People expect and are receiving better and more personalized hospital care.

Amberg concluded:

"We've bought longer and happier life with these costs. Thirty years ago the average patient stayed in the hospital 30 days at a cost of \$125. Today, the average stay is 7 to 8 days at a cost of about \$250. But the patient loses 50% less time from work if he is a wage earner and consequently is better off financially."

These were highlights of the AHA annual meeting in Chicago:

- Dr. Russell A. Nelson, director of Johns Hopkins Hospital, Baltimore, was elected president-elect.

- The new \$7.8 million AHA headquarters building on Chicago's lakefront was dedicated.

- The AHA House of Delegates voted to request the National League of Nursing and the American Medical Association to join the AHA in establishing an independent joint commission on the accreditation of hospital schools of nursing.

- The House approved a statement on the hospital needs of the retired aged which recognized the problem as a "pressing" one in which "all possible solutions must be vigorously explored."

News Announces Subscription Rates

Subscription rates to *The AMA News* are \$3 a year in U.S. and possessions, \$3.50 in Canada, and \$5 in other foreign countries.

Dues paying members of the American Medical Association will receive a copy of each issue of *The News*, others may subscribe at the regular subscription rates.

Address subscription orders to: *The AMA News*, American Medical Association, 535 North Dearborn St., Chicago 10, Ill.



AT HIS HOBBY is Dr. Derrick Vail, professor and chairman of the Department of Ophthalmology at Northwestern U., who builds ship models from scale drawings. Note the dental drill which he finds ideal for close tolerance work.

Food Fads Under Fire

Nebraskans saw the first public showing of AMA's new movie, *The Medicine Man*, part of a program attacking food fads.

The program to alert the public to the dangers of substituting food fads for sound nutrition was announced at the AMA Public Relations Institute at Chicago and has drawn inquiries from national newsmagazines and syndicates.

Cooperating with AMA are the U.S. Food and Drug Administration and the National Better Business Bureau.

Now Showing: The 27-minute movie, produced in Hollywood, was shown the week of Sept. 1 at the Nebraska State Fair at Lincoln. It is also being featured on local television stations.

Millions of Americans are influenced by nutritional products of questionable merit, said Dr. F. J. L. Blasingame, executive vice president of the AMA, in announcing the program.

"We feel it is our duty to warn against abandoning the traditional 'three square meals a day' and the principles of sound nutrition for the pills and schemes of food faddists," he said.

The AMA's educational program will be conducted through television, motion pictures, public meetings, newspapers and magazines.

Kits on the Way: Information kits offering suggestions on the organization of a local campaign to fight food faddism will be mailed the week of Sept. 22 to state and county medical societies.

Three showings are set for a 20-foot exhibit which tells the facts about food supplements and health food lecturers, exposes weight reduction schemes and other nutritional "flim-flams."

"Nutrition Nonsense and False

Where to Write

Physicians or medical societies wishing to arrange showings of either the movie or the exhibit dealing with food fads, or who want copies of the pamphlet, should write: Division of Communications, American Medical Assn., 535 N. Dearborn St., Chicago 10, Ill.

Claims," the exhibit, will be seen until Sept. 28 at the Burge Hospital Health Fair, Springfield, Mo.; Oct. 10-15 at the annual meeting of Indiana State Medical Assn., Indianapolis, and Oct. 21-23 at the American Dietetic Assn. meeting in Philadelphia.

Pamphlet Available: The exhibit has been designed for display at state and county fairs under the auspices of local medical societies.

An eight-page pamphlet, *The Merchants of Menace*, which outlines the dangers of food faddism is available from AMA headquarters. A comprehensive review of food quackery and nutrition nonsense was included in the September issue of *Today's Health*, under the title "Let 'Em Eat Hay."

Here are the first telecasts of *The Medicine Man*:

- Sept. 20—WHAS, Louisville; KVQO, Tulsa.
- Sept. 22—WUSN, Charleston, S.C.; WJBF, Augusta, Ga.
- Sept. 23—KUHT, Houston.
- Sept. 24—WTVR, Richmond.
- Sept. 27—WSPD, Toledo.

AMEF Campaign To Start Oct. 1

The annual campaign to help finance the nation's medical schools will be launched Oct. 1 by the American Medical Education Foundation.

John W. Hedback, executive secretary, said a record \$984,000 was collected by AMEF in 1957. Contributions now are running about 15% ahead of last year, he said.

Members of the Woman's Auxiliary to the American Medical Assn. contributed \$126,188 during the Auxiliary's 1957-58 season, an increase of \$13,000 over the '56-'57 contribution.

AMEF, sponsored by the AMA, has given more than \$7 million to medical schools since its founding in 1951. About one-half of this money has gone to schools specifically stated by the donors. The other half has been divided equally among the schools.

The problem, Hedback said, is that medical schools take about 40% of the parent university's budget and have less than 10% of the students. Tuition pays only 18.2% of the total cost a school must bear per student.

Contributions to AMEF, he said, have enabled the medical schools to retain faculties and advance scientifically without government subsidies.

Convention Filmed

A film of highlights of AMA's 1958 annual meeting at San Francisco is available to local and state medical societies and hospital staffs for meetings, Leo E. Brown, director of communications for AMA, announced. The 30-minute picture was produced in cooperation with Merck, Sharp & Dohme.



PLEASANT PRACTICE for Dr. David B. Allman, immediate past president of AMA, is that of official physician for the Miss America beauty contest. Here the Atlantic City doctor checks Miss America of 1959, 21-year-old Mary Ann Mobley of Brandon, Miss.

Five Get Fellowships

Honorary fellowships have been presented to five physicians by American College of Hospital Administrators. They are: Dr. Paul R. Hawley, director of the American College of Surgeons, Chicago; Maj. Gen. Paul I. Robinson, U.S. Army, director, Office for Dependents Medical Care; Dr. Edward L. Turner, secretary of AMA's Council on Medical Education and Hospitals, Chicago; Dr. W. Douglas Piercey, executive director of the Canadian Hospital Assn., Toronto; Dr. F. Burns Roth, deputy minister, Department of Public Health, Regina, Saskatchewan.

Use of Steroids To Be Discussed

The uses and abuses of adrenal steroids will be the topic September 25 at the first symposium ever sponsored by AMA's Council on Drugs.

The symposium will be at George Washington U. School of Medicine, Washington, D. C. in cooperation with the university and the Medical Society of the District of Columbia.

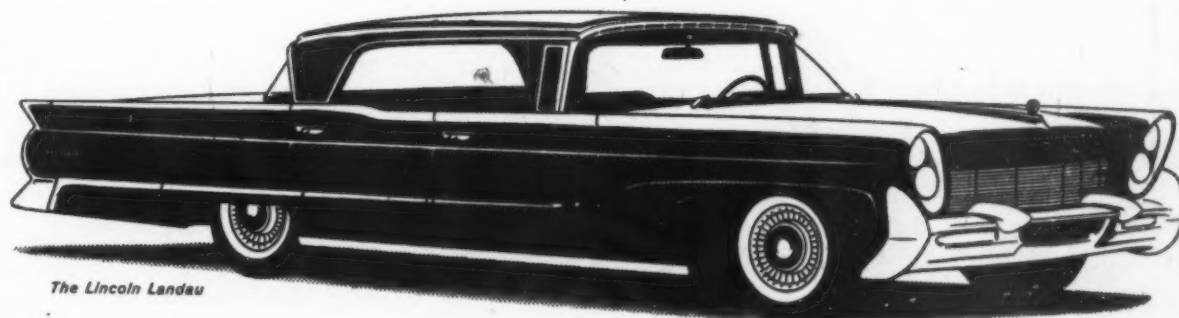
Advantages and dangers of using adrenal steroids in the treatment of endocrine disorders, rheumatoid diseases, systemic infections, skin diseases, surgical cases and eye disorders will be discussed by experts in each of these fields, according to Dr. Harold T. Kautz, council secretary.

Adrenal steroids include such hormones as cortisone, hydrocortisone, prednisolone and prednisone. They must be carefully used because of the danger of harmful side effects, such as fluid retention, high blood pressure, excessive hair growth, pigmentation of the skin, and psychic disturbances.

"They are useful and may be life saving in some cases but along with that goes a very deep responsibility for avoiding their undesirable actions," Dr. Kautz said. The council hopes the symposium will provide physicians with practical clinical advice on adrenal steroid therapy.

Any physician interested in the subject is invited, Dr. Kautz explained. The audience will have a chance to ask questions and participate in a general discussion.

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Alaska—

Alaska, an exciting combination of a new state and last frontier, is no place for stateside physicians to expect a gold rush.

From Anchorage, Dr. Robert B. Wilkins told *The AMA News*:

- Doctors are needed in certain areas, but many of these will not support a doctor in the manner to which he is accustomed.

- Doctors thinking of a future in Alaska should make a trip first, to see for themselves what the conditions are.

- Doctors will find the few hospitals fairly well equipped but inadequate as to bed-capacity and construction.

- Doctors will find high fees, but they also will find their overhead doubled.

- Doctors will find the people young—and healthy.

Dr. Wilkins, secretary of the Alaska Territorial Medical Assn., is aware of the challenge of the frontier with its promise of humanitarian reward and monetary gain. But he said:

"Statehood will make no immediate



difference in our medical situation unless it brings about a sudden increase in population. We don't expect a boom overnight. Medical growth here depends upon economic growth."

Few and Far: In Alaska there are 101 doctors to serve a population of 210,000. Many of the patients are a long way apart in a state over twice as big as Texas. This giant land has only 4,000 miles of highway and 500 miles of railroad, with the result that

A Medical Profile

doctors frequently fly to see their patients.

There are 26 hospitals in the state. Six of these are operated by the U.S. Public Health Service for the Indians, Eskimos, and Aleuts. Many of the other hospitals, in addition to being too small, are not fire-proof. There are few nurses.

Licensure procedure is similar to that in the states, and Alaska has reciprocity agreements with 28 states and the District of Columbia. Doctors thinking of moving to Alaska are advised to write a letter of inquiry to the Chamber of Commerce in the area in which they wish to locate.

The cost of living is one thing they should ask about. Living costs in Anchorage are 39% higher than in Seattle. In Fairbanks the costs are 54% higher than in Seattle. It follows that the doctor's secretarial help comes high. Rent and construction costs are about a third higher than in the Pacific Northwest, and many physicians practice in groups.

Birth Rate High: The doctor will find a young population (median age of 26) with an annual birth rate of 35 for each 1,000 population (U.S. rate is

25). Obstetricians and pediatricians are in some demand.

Eye, ear, nose and throat infections are common among the Eskimos, Indians and Aleuts. Mastoiditis is common among the natives, with surgery frequently necessary.

Generally speaking, the white population is healthy. "They wouldn't be here if they weren't healthy," Dr. Wilkins said. "We have some frostbite cases, all right," he continued, "but the common cold is no more common than it is in the states."



"When did you first begin to have this feeling that Texas was just another state?"

AEC Commissioner To Discuss Fallout

Willard F. Libby, Ph.D., commissioner, U.S. Atomic Energy Commission, will speak on "Fallout and Radioactive Strontium Utilization in Human Bones," Oct. 18, at the fifth annual symposium sponsored by the AMA's Council on Foods and Nutrition.

Theme of the one-day meeting at the University of Wisconsin, Madison, will be "Factors Involved in Formation and Disease of Bone." More than 500 physicians, medical students, nurses and dietitians are expected to attend.

The Medical School of the University of Wisconsin, Dane County (Wis.) Medical Society and the Charitable Education and Scientific Foundation of the State Medical Society of Wisconsin are co-sponsoring the meeting with the council.

8 Alaska Women Listed In New Medical Directory

Eight women are among the 101 physicians practicing in Alaska.

That's one of the statistics revealed in the 20th edition of American Medical Directory to be published Sept. 30 by the AMA.

The new directory contains 250,621 names compared to the 240,638 in the 19th edition (1956).

Women Physicians Listed: For the first time the women physicians are counted separately. There are 14,632. Of that number 13,095 are in the U.S., including 260 in government service. Canada has 1,108 women doctors.

Other figures from the new directory: 18,398 new names; 1,214 names

of physicians whose addresses are unknown; names of 7,870 names deleted because of death.

The directory will be available at \$35 per copy in the U.S., \$38 outside the U.S.

Population Shifts: Doctors are participating in the shifting national population, directory statistics show. Although New York still leads in number of doctors—30,786—it also leads—with 360—those states showing losses of doctors since the last directory.

States with the biggest gains in physicians: California, 1,040; Florida, 382; Michigan, 218; Ohio, 113; Arizona, 57; Oregon, 44, and Washington, 31.

Among those in the loss column: Illinois, 318; Pennsylvania, 220; Minnesota, 159; Missouri, 150; and Iowa, 114.

When the first directory was published in 1906 it contained 128,173 names.

The U.S. has 90,359 general practitioners in private practice and 77,655 specialists. There are 7,320 doctors in medical schools, research and other work outside private practice, and 17,303 holding full-time jobs on hospital staffs.

Today's Health Proves To Be Popular Gift

Oregon's state and county medical societies lead the nation in gift subscriptions to *AMA's Today's Health* with 810 to schools and libraries last year, Robert A. Enlow, the magazine's circulation director, reports.

The State Medical Society of Wisconsin last year gave 40 subscriptions to 4-H clubs, 23 to 4-H club leaders and 303 to state and national legislators. Medical Society of the State of North Carolina gave 385 such gifts.

Other state societies with big gift subscription lists include Florida, 151; Kentucky, 92; Minnesota, 197; and Ohio, 229.

Colorado Woman Doctor Honored in Statuary Hall

Colorado will be represented for the first time in National Statuary Hall, and the statue will be that of the late Dr. Florence Rena Sabin. Congress paved the way for placement of the statue in the Capitol during the closing hours of the recent second session.

Under a law that goes back to 1864, each state is allowed two statues of deceased, distinguished citizens. Dr. Sabin was noted for her research in the lymphatic system and tuberculosis.

Dr. Sabin, who died in 1953, will become the sixth physician honored in Statuary Hall. Others are Dr. Marcus Whitman, who died in 1847, Washington; Dr. John McLoughlin, 1857, Oregon; Dr. John Gorrie, 1855, Florida; Dr. Crawford W. Long, 1878, Georgia; Dr. Ephraim McDowell, 1830, Kentucky.

Sen. Gordon Allott (R., Colo.) sponsored the resolutions that paved the way for the statue. The sculpture is being done by Mrs. Joy Buba of New York City.



DR. FLORENCE SABIN
... sixth doctor honored

Coming Next Issue

- Ten years of National Health Service in Britain.
- Profile: Medicine's oldest active practitioner.
- Medical care comes first, but fee collections are necessary.



**GOOD LUCK
and
THANK YOU!**

As I take this occasion to congratulate the doctors of America on such a forward-looking contribution as their own newspaper, I would like also to acknowledge the fact that (like all owners of resort hotels) I owe a debt of gratitude to the medical profession . . . because it was the MD who pioneered the philosophy that a holiday is one of the more important things in life.

My only regret is that too often, you doctors are so busy helping others that you find little time to practice what you preach. When you do get around to taking your own advice, you'll find an especially warm welcome at *The Saxony*. Incidentally, I'd welcome your opinion of all the fabulous new features you'll find there when it

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Again . . . congratulations on your *AMA News!*

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Medicolegal

Physician Should Protect Himself

Although a physician will accept a new patient in nearly every instance, he is not bound by law to do so even though no other doctor is available.

According to a publication of AMA's Law Department, *Medicolegal Forms with Legal Analysis*, the physician-patient relationship is established when the physician begins to give his service at the "express or implied" request of the patient.

Once the relationship has been established, the physician must—if there is no special provision—treat the patient as long as he requires, unless the relationship is terminated by the physician's dismissal or his notice of withdrawal.

Withdrawal Notice: Reasonable notice of withdrawal must be given to the patient. To protect himself, the physician should write a letter of withdrawal and send it to the patient by registered mail.

If the physician is discharged by the patient who is in need of further care or if the patient leaves a hospital against the physician's advice, the physician should be able to give proof of this. The best protection is a signed statement from the patient describing the actions he took.

The physician may send a registered letter to the patient confirming the fact that the patient left the hospital against the advice of the physician.

If the physician is unable to treat his patient when services are needed, he should provide a "qualified and competent" substitute.

Medicolegal Forms: In a chapter entitled, "Physician-Patient Relationship," the publication suggests six medicolegal forms. These are: (1) Provision for Substitute Physician at Delivery (2) Letter to Patient Who Fails to Keep Appointment (3) Letter to Patient Who Fails to Follow Advice (4) Letter to Confirm Discharge by Patient (5) Letter of Withdrawal from Case (6) Statement of Patient Leaving Hospital Against Advice.

The 111-page booklet may be obtained by writing Law Department, American Medical Association, 535 N. Dearborn St., Chicago 10, Ill.

Japan Trip Planned

Ralph Creer, AMA's director of motion pictures and medical TV, will direct an international medical film exhibition in Tokyo next April as a guest of the Japan Medical Congress' 15th general assembly. Creer also will lecture to faculties of the two Japanese medical schools.



AMA News

"Why can't you forget that office for at least two weeks out of the year?"

Travel

You Can Take It Easy In Autumn

Now is the time to take an easy vacation—when highways and accommodations are less crowded and temperatures are lower. An Autumn vacation can be easy on the pocket-book, too, because you will be either just behind or just ahead of the tourist rush.

Here are a few areas where you can take it easy:

Great Smokies: Fishing season is over, but free hiking tours are conducted by the National Park Service through October. An excellent highway leads you through some of the most luxuriant vegetation in the world, and there are six free campgrounds inside the park. Park is open all year, with some snow on high roads during Winter. Accommodations just outside park are at Gatlinburg and Maryville, Tenn., and Cherokee and Waynesville, N.C. Write Superintendent, Great Smoky Mountains National Park, Gatlinburg, Tenn.

Florida: Rates go up Dec. 1 to catch the Winter tourist trade, but in October the ocean still is warm enough to swim in and deep-sea, surf, and river fishing is good year round. There will be rain in the Everglades, but you can visit the now uncrowded cities of St. Augustine, Miami, Key West and St. Petersburg. Write Florida Development Commission, Caldwell Bldg., Tallahassee, Fla.

New Orleans: The French Quarter is gay all year, but in October the weather gets cooler and the camellias bloom. Rates are no cheaper in the Fall, but you will miss the crowded carnival season which begins January 1. Write Tourist Bureau, Dept. of Commerce, New Orleans, La.

New England: In New York the heat departs and the city gets in stride with theatricals and night life. More restful are the colorful foliage tours through Vermont, New Hampshire, and Maine, or hiking trips in the Green or White Mountains as the leaves turn. Write Forestry and Recreation Commission, Concord, N.H.; Publicity Director, Vermont Development Commission, Montpelier, Vermont; Maine Publicity Bureau, Gateway Circle, Portland 4, Me.

Ozarks: The tourist rush is over but the rugged hills and deep valleys are spectacular as the leaves of the hardwood forests change color. The fish still are in the streams and lakes. You

can spend a few hours or several days on a "float-trip," fishing or just looking. A Folk Festival is held at Eureka Springs, Ark., in mid-October. Write Arkansas Resources and Development Commission, Little Rock 1, Ark.; Missouri Division of Resources and Development, State Office Bldg., Jefferson City, Mo.

Western Colorado: Hunting season covers the middle two weeks of October and the tourist stampede has ended on the western slope. Aspen offers choice skiing in Winter, or you

can simply ride the world's longest chair lift above the mountains. Mesa Verde National Park with its ancient cliff dwellings is open all year, but the lodges close Oct. 15. Write Publicity Department, Capitol Bldg., Denver 2, Colo.

Southern Arizona: You will beat the Winter rush season if you head for Phoenix, Tucson, or Tombstone in October. The days are cooler and prices are lower than in the Spring. Write Travel Bureau, State Highway Dept., Phoenix, Ariz.



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Men in Medicine

'Brotherhood, Peace'

"As both physicians and citizens, we must see that medicine plays its full role, not only in promoting world health but also in helping the search for brotherhood and peace."

This was the message from Dr. Gunnar Gundersen as he took over his new duties as the 112th president of the American Medical Association in San Francisco.

Peace, service and brotherhood have long been key words with the 61-year old LaCrosse, Wis., surgeon whose family has a unique medical heritage.

Medical Family: The Gundersen medical tradition began with the new president's father, Dr. Adolf Gundersen, who came to LaCrosse from the traditionally peace-loving country of Norway in 1891.

There were seven sons and one daughter in the elder Gundersen's family. Six of the boys followed their father's lead and became physicians. The seventh took up forestry and the daughter married a physician.

In the third generation, both of the new president's sons became doctors. The oldest, Dr. Gunnar Adolf Gundersen, is a certified radiologist and his brother, Capt. Cameron B. Gundersen, is in the Air Force Medical Corps.

With three of his physician brothers, Sigurd R., Alf H. and Thorolf E., Dr. Gundersen operates the Gundersen Clinic in LaCrosse which handles 3,000 to 4,000 patients a year. His radiologist son, also is on the staff.

Two other physician brothers, Dr. Trygve Gundersen and Dr. Sven M. Gundersen, are practicing in Boston and Hanover, N.H., respectively. One of the physician brothers is deceased.

Research & Service: In memory of their father, the Gundersens established the Adolf Gundersen Medical Foundation in 1945. The non-profit organization grants fellowships to young doctors, conducts medical research and provides free services to indigents with complex medical problems.

One of the AMA leader's great joys is his 120-acre farm just east of LaCrosse. Aside from several small vegetable patches and a flower garden,

Dr. Gundersen specializes in reforestation.

Dr. Gundersen, who one year planted 1,000 pine, spruce and hard maples, explains:

"I have seen our forest lands denuded with little regard for conservation. It is my hope that I can do a little something to recreate the natural beauty, tranquility and serenity of the forests which once abounded in this country."

Dr. Gundersen has been active in state, national and world medical affairs. He was president of the State Medical Society of Wisconsin for the year 1941-42 and a member of the AMA's House of Delegates in 1937 and 1938. Elected to the AMA's Board of Trustees in 1948, he became chairman of the Board in 1955.

Medical Leader: His keen interest in hospital affairs led to his election as the first chairman of the Joint Commission on Accreditation of Hospitals when it was founded in 1951.

Dr. Gundersen is a diplomate of the American Board of Surgery, a fellow of the American College of Surgeons and the International College of Surgeons, a member of the Council of the World Medical Assn., and a member of the American Public Health Assn.

Dr. and Mrs. Gundersen have eight grandchildren. Their daughter, Mary, lives with her husband lawyer in Oslo, Norway.

GI's Now Get Less Needling

GI's are getting a little less "needling"—thanks to an order from the Army Surgeon General's Office. New regulations on booster shots call for:

- Cutting down typhoid-paratyphoid booster shots from every three years to every four years.
- Administering cholera and typhus vaccines only to personnel traveling to certain areas of the world.
- Giving cholera-typhus booster shots in disease-designated areas only when there is actual risk of infection.

Aging

(Continued from Page One)

task of creating better care for the aged.

Dr. Orr called efforts to solve the complex problems arising from a growing old age population an "unparalleled crusade." He declared the profession must help because medicine and its related fields were largely responsible for the nation's expanding longevity.

Key Statements: The six points—developed by the Committee on Aging—the panelists, and their key statements follow:

1. Stimulation of a realistic attitude toward aging by all people.

Dr. Frederick C. Swartz, Lansing, Mich., chairman, Committee on Aging, who served as moderator, said a stimulation of realistic attitudes toward the problem of aging calls for a dynamic education program fully using all resources of the AMA and its constituent and component societies.

2. Extension of effective methods of financing health care for the aged.

Dr. E. B. Howard, assistant executive vice president, AMA, said voluntary health insurance and prepayment plans can and should provide the basis for meeting large health care costs for most people, including the aged.

3. Expansion of skilled personnel training programs and improvement of medical and related facilities for older people.

Dr. Wingate M. Johnson, Winston-Salem, N.C., member, Committee on Aging, observed that more skilled personnel and facilities for treating older people will be needed. He said training of personnel specializing in old age care must be accentuated in school and encouraged by medicine.

4. Promotion of health maintenance programs and wider use of restorative and rehabilitative services.

Dr. Theodore G. Klumpp, New York, member, Committee on Aging, said the physician must assume a key role in laying a sound foundation for the individual's well being in later years.

5. Amplification of medical and socio-economic research in problems of the aging.

Dr. David B. Allman, Atlantic City, N.J., past president, AMA, stated the recent formation of the American Medical Research Foundation is one means of furthering basic research in the aging process. He noted that present information about socio-economic aspects of aging is inadequate and AMA is helping to undertake research in such things as hospitals, nursing homes and other facilities.

6. Cooperation in community programs for senior citizens.

Dr. Cecil Wittson, Omaha, Neb., member, Council on Aging, said encouragement of local programs for older persons, especially those which emphasize the importance of self-help and independence, should be a major activity of medicine.

Team Work Urged: A panel on activities of other national groups on old age problems was moderated by Dr. Henry A. Holle, Austin, Tex., member, Committee on Aging, and Commissioner of the Texas State Dept. of Health.

Dr. Holle noted that "medicine and others must join together as a team in creating a situation in which the individual—with dignity—can meet his own needs."

Doctors' Aid Praised By Labor Leader

A California labor leader has praised the assistance of physicians in handling questionable medical care bills.

Glen K. Slaughter, administrator of the Automotive Industries Welfare Fund, said a program worked out with Alameda-Contra Costa Medical Society has demonstrated that private medicine and private insurance programs can work together to provide medical care at prices fair to patients and doctors.

During the past eight months only 50 claims out of about 9,000 checks have been referred to a medical consultant, Slaughter said. And only 11 of these were referred to a society committee, which "forthrightly indicated the proper fee."

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Diagnosing Investments

Inflation—What Is It?

By Carl Holzheimer*

The medical profession will have a quicker and more alert understanding of the problems relating to "inflation" than could any layman. The definition and discussion is not too different from a layman's discussion of "infection." The term is too general. It covers too many things. It is almost inconceivable that two medical men would discuss "infection." Similarly, it is unlikely that LaSalle Street or Wall Street would find seasoned analysts discussing "inflation"—at least the discussion would be preceded by some understanding as to what it was they were talking about.



Carl Holzheimer

Classically, inflation occurs when the quantity of money increases more rapidly than the quantity of goods, thereby sparking a continuous price increase. As the years passed and money changed from original metallic coin, complications arose.

Today the complications are so great that few understand the operations of our central banking system—the moves made by the Federal Reserve Board—their effects upon this thing called inflation. We are also told that the present inflation is caused by wages. Well, from one point of view that could be true, but it is a different definition from the classical one.

Interesting Depression: Whatever the definitions, inflation is much in the public press and a matter that cannot be avoided in reaching personal decisions on the handling of liquid assets. We have had a depression, or at least a period in which business volumes and earnings have declined, for some time. The decline has been rather extensive, as witness a 38% decline in the earnings of leading corporations for the first six months of this year, compared with the corresponding period of 1957.

Yet it has been a period in which the Consumer's Price Index (cost of living) has risen each month; it has been a period in which wage rates

are higher now than they were a year ago—a rather interesting depression!

It has also been a period in which the President's statements about the balance that would exist in the forthcoming budget have been refuted by each passing day. The latest government comment forecasts a budget deficit of approximately \$13 billion.

Public Reaction: Once the automatic restraints of the classical gold standard were abandoned, the way was opened for all kinds of artificial interference. Man, in his political capacity, can do just about what he pleases with a country's monetary background but whatever is done is subject to the psychological checks of public reaction. If the public concludes that their money is decreasing in value, and the decrease is getting rapid and non-reversible, all kinds of things occur which eliminate freedom of action by the government.

That stage has not been reached in the United States and we hope and think it will not be reached for many years to come. But we are nearer to it than we were, and the experiences of the last few weeks—particularly in the government bond market where newly issued securities have depreciated 5% in a short period of time in spite of massive assistance from the Federal Reserve—suggest a decrease in control and an increase in the overall awareness of this problem.

New and Old: This is utterly new in the United States although old and frequently repeated throughout the world. The banker in Zurich, in Paris, in Bonn or in London has little difficulty understanding what is going on in the United States in so far as bond prices and stock prices are concerned. To us it is confusing, but much of the confusion would disappear if we constantly remembered the inflationary background against which all economic action occurs.

The subject is so important, so dominating, that this column will have frequent occasion to refer to it, to discuss specific aspects of it, and to offer an occasional word of advice.

At this point, and having particularly in mind the sincerity with which the Federal Reserve Board will try to counter renewed inflation, it is prudent to restrain one's reaction to it. A reasonable balance is still in order but the balance must shift heavily away from bonds.

*Partner, Security Supervisors, Investment Counsel, Chicago

AMA Backs Ad Campaign

Lending its support to a campaign to curtail offensive or misleading advertising of over-the-counter medications, the American Medical Association has become a member of the National Better Business Bureau.

NBBB will coordinate the work of voluntary organizations seeking to eliminate objectionable advertisements of some over-the-counter medical products.

"The AMA believes that such activity is of great service to the public and wants to lend its strong support," Dr. F. J. L. Blasingame wrote the NBBB.

The AMA organized a meeting in May, 1958, of drug manufacturers, advertising agencies, and radio, television, newspaper and magazine representatives. This group suggested that NBBB coordinate the voluntary program.

A report to the Board of Trustees recommending the unified program was unanimously adopted by the AMA House of Delegates at the 1958 convention in San Francisco.

Facilities of the AMA—such as the chemical laboratory, scientific councils, and the bureau of investigation—will assist in carrying out the program.

Immediate support for the program came from Richard L. Scheidker, senior vice president of the American Association of Advertising Agencies, who told AMA, "We stand ready to work with you in any way that we can in the further development of a co-operative program."

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Doctor Finds Football Profitable

Dr. Bill McColl, 28, is a friendly, 6-foot-4-inch 230 pounder who readily transfers his energies and skills from medicine to the bone-bruising sport of pro football.

Dr. McColl, a two-time All-American and former Stanford star, will begin his seventh year in the National Football League when the Chicago Bears meet Green Bay Packers Sept. 28.

Bill, who followed in the footsteps of his father, Dr. W. F. McColl, San Diego, Calif., is the only M. D. playing in the NFL. Listed as an end, Bill drops back to the "slot man" position where he is a key receiver on short passes and an important blocker on running plays.

Doctors Club: Though he has the distinction of being the only player-doctor in pro football, Bill is the ninth member in the Bears' illustrious "Doctors Club," which includes two oral surgeons.

The physicians are: Joe Kopcha, John Mohardt, Danny Fortman, Jim Logan, Nick Sacrinty and McColl. Dr. Anthony Ippolito, who played guard on the 1943 championship team, was killed several years ago in an auto accident.

In an interview with *The AMA News*, Dr. McColl was asked why he endangered his medical career by playing professional football. He replied:

"Aside from the fact that I love football, playing with the Bears has paid for my medical education and is helping me live a normal life during my specialized medical training."

"I began five years of residence



DR. BILL MCCOLL
... his last season

work in orthopedic surgery last January at University of Illinois Research and Education Hospital in Chicago and receive about \$120 a month. When you have a wife and four children, this doesn't go very far."

Economic Problem: Dr. McColl, who is doing research under Dr. Robert Ray, chief of orthopedic surgery, added:

"I know that resident work in specialized fields is necessary, but it would be nice if young doctors could be paid at least a semi-living wage. The economic problem has been solved for me by playing football, but many of my cohorts aren't as fortunate."

Dr. McColl's research is on bone metabolism and circulation in which radioisotopes such as strontium-85, calcium-45, and iodine-131 are used as tracers.

Bill, who says the '59 season will be his last, admitted there is a big element of risk in pro football. But he added:

"I think the injury rate in the NFL is lower than in high school or college because the pros are in top condition, have the best equipment, and know how to protect themselves."

"I've been playing football for 15 years and I haven't had any serious injuries. Playing pro ball is just a risk I don't mind taking."

Season Predictions: As for the NFL race, Dr. McColl said:

"In the Eastern Division, I have to stick with Cleveland on the basis of past performance. But New York has been consistently the roughest team we've faced in that division."

"The Western Division race is closely bunched and any of four or five teams, including the Bears, could win it. Detroit, as champions, will be the team to beat, but Baltimore, Los Angeles and San Francisco are all tough."

"In this situation, the Good Lord has to be with you if you're going to win."

Never Look Back!

LeRoy (Satchel) Paige, Negro baseball star, authored these six rules for better living and longer life:

- 1—Avoid fried meats which angry up the blood.
- 2—If your stomach disputes, you passify it with cool thoughts.
- 3—Keep the juices flowing by jangling about gently when you move.
- 4—Go light on vices, especially the social ramble. It ain't restful.
- 5—Avoid running at all times.
- 6—Never look back. Something might be gaining on you.

Misread Symbol Cause of Death

The recent death of a patient who received a heavy overdose of a sedative in a Chicago hospital stemmed from a student nurse's misinterpretation of the medical symbol for "drams" which she thought meant "ounces."

Cook County Coroner Walter E. McCarron suggested three rules to avert the possibility of another death of similar nature:

- 1—In hospital procedures, doctors should write out the amount of dosage and directions in longhand.
- 2—The compounding and dispensing of a prescription for medication should only be done by a registered pharmacist or licensed physician.
- 3—Drugs should not be stored where they are easily accessible to average hospital personnel.

Bill of Rights for Athletes Draws Coaches' Comments

The AMA has received warm praise for its interest in promoting safer intercollegiate sports with the recently developed "Bill of Rights for the College Athlete."

Formulated by the AMA's Committee on Injury in Sports, an 11-by-17-inch copy of the bill has been sent to all member institutions of the National Collegiate Athletic Association and the National Association of Intercollegiate Athletics.

The bill calls for good coaching, good officiating, good equipment and facilities, and good medical care. The latter includes thorough pre-season history and physical examination of athletes, a physician present at all contests and readily available during practice sessions, and absolute and unquestioned authority for physicians in medical aspects of sports.

Following are reactions from football coaches and athletic leaders on the bill:

Woody Hayes, Ohio State:
"Our sports program complies with all the points listed in the bill. I think that better research still can be done in the designing of equipment, and I go along absolutely with the point that in any injury the physician's authority should be unquestioned. The AMA is to be commended for promoting greater sports safety."

Jack Curlice, Stanford:
"I feel the bill is really a follow-up on something the football coaches have believed in for many years. . . . I'm sure that all coaches everywhere have always felt that in medical matters the physician's authority should be absolutely unquestioned. . . . It is wonderful that the AMA does take an interest in such things."

C. B. (Bud) Wilkinson, Oklahoma:
"My immediate reaction is that college athletics are probably the only place in our athletic

picture where the standards recognized in your bill are already being practiced to the fullest possible extent. It would seem to me that the AMA could more profitably set up a Bill of Rights for high school athletes or amateur athletes. . . . As a coach I am delighted that the AMA has taken an active interest in medical care for college athletes."

Walter Byers, NCAA executive director:
"The four major points emphasized by the AMA are cardinal principles and continually stressed by the alert management of intercollegiate athletic departments. We are confident that the joint work of the AMA and the NCAA committees on sport injuries will do much in the future toward advancing the welfare of all persons engaged in competitive sports."

A. O. Duer, NAIA secretary-treasurer:
"Our organization is attempting with all diligence to follow this philosophy and I believe we are making real progress."



Letters to the Editor will become a regular feature of *The AMA News* beginning with the next issue Oct. 6. Communications should be brief and to the point. Only signed letters will be published.

Address all letters to: Editor, *The AMA News*, American Medical Association, 535 North Dearborn St., Chicago 10, Ill.

Lawyer-Doctor Code Adopted

A new interprofessional code for physicians and attorneys has received the approval of both the American Medical Assn. and the American Bar Assn.

The ABA adopted the new code at its annual meeting. AMA gave its approval at its annual meeting at San Francisco in June.

The "National Interprofessional Code for Physicians and Attorneys" sets out a guide for the relationships between the two professions in legal procedures. The code, calling for implementation at local levels, was prepared by a joint committee of the AMA and ABA.

General rules of the code concern:

- **Medical Reports.** Physicians should furnish such reports promptly, realizing that delays may prejudice the opportunity of the patient to settle his claim or suit. Attorneys are to give reasonable notice of need of the report and specify information wanted.
- **Conferences.** Pre-trial conferences between lawyer and doctor are encouraged.
- **Subpoenas.** Physicians should not take offense at being subpoenaed; attorneys should not cause subpoenas to be issued without prior notice to the physician.
- **Court appearances.** Court business cannot wait upon the convenience of witnesses but attorneys should make every effort to conserve the time of the doctor called as a witness.
- **Physician as Witness.** He should testify solely as to the medical facts in the case and frankly state his medical opinion. It's improper for the attorney to abuse a medical witness or to seek to influence his medical opinion. It is always improper and unnecessary for the attorney to embarrass or harass the physician.
- **Fees.** The doctor is entitled to reasonable compensation but his fee should never be contingent upon the outcome of the case or the amount of damages awarded.
- **Payment.** Attorneys should do everything possible to assure payment for physicians' services.
- **Complaints.** Public airing of complaint by a member of one profession against the other profession is to be deplored. Such complaints, including violations of the code, should be referred by complaining doctor or lawyer through his own association to the appropriate association of the other profession.

Training Course Aids Assistants

The medical assistant, that vital link between a busy doctor and his patients, has come into her own at a unique training course in New York.

More than 200 assistants took the eight-session night course sponsored by the medical societies of Herkimer, Oneida, and Madison counties. The courses were taught by specialists.

An airline hostess lectured on hair styling, cleanliness, and the importance of the voice in patient relationships. A telephone company representative instructed the women on telephone techniques.

A state "Medicare" official spoke on the federal program for dependents of servicemen, and a member of the workman's compensation board explained the use of compensation forms.

Blue Shield officials spoke on their contracts, and agents of doctors' insurance group advised on medical responsibility.

Harold N. Howell, executive secretary of the medical societies, gave instructions on public relations and office procedures.

Howell, who set up the course, concluded by stressing the importance of the medical assistant:

"Any help we can provide will not only help the girls but also the busy doctors who are often too rushed to handle the administrative details necessary to a well run office."

Business Briefs

Medical Buildings Are More Costly To Erect

Rule of thumb is that a medical building costs about 15% more than a conventional office building. Example: A conventional office building suite of 700 square feet would have 54 linear feet of partition, and one wash bowl. A medical suite, same size, would have 172 linear feet of partition, 10 plumbing fixtures.

TAKE-HOME PAY: A survey shows Chicago drug-store owners' take-home pay (salary plus net profit) in 1957 was \$12,233. In '53 it was \$8,093, in '56, \$10,618. Increase came from more sales (8.5%) and decline in cost of merchandise (down 4%). . . . Shopping center pharmacies now are doing well over 10% of total retail drug business in the nation—although they represent only 4.7% of total number of pharmacies in operation, reports American Druggist.

TRAVEL INCREASES: Commerce Dept. predicts American tourists will spend record \$2.25 billion abroad in '58. Air travel to Europe is up 24% over last year, ship travel up 18%. . . . General Motors will distribute 275,000 copies of "Are You Fit to Drive," an AMA booklet prepared by Committee on Medical Aspects of Automobile Crash Injuries and Deaths. . . . Oldsmobile, which wrested sales leadership in medium-priced auto field from Buick this year, expects to maintain that position in '59, according to Jack F. Wolfram, general manager. Olds hopes to sell 440,000 cars in '59 or 8% of predicted new car market of 5.5 million.

GAS TAX REFUNDS: Did you run a motor boat this summer? If so, you may be entitled to get back some federal taxes you paid on gasoline that fueled it. Most states, moreover, will refund some of their gas taxes. Same goes for taxes on gas poured into farm machinery, power mowers, stationary power plants and private planes—on gas for any "nonhighway use." Check

Board Selects Denver

AMA's Board of Trustees approved Denver as host city for the association's 1961 clinical meeting. The 1959 session will be held in Dallas, the 1960 meeting in Washington, D.C.

local tax authorities regarding state refunds, get Federal forms from district director of Internal Revenue.

WHAT'S NEW: Transistor radio for cars. It is smaller and uses about 75% less current. No warm up is required. Manufacturer claims it sounds better, too. . . . Don't try to change items in your will without consulting your lawyer. Informal alterations could invalidate the whole thing. Correct procedure is to revise it by adding a legally drawn, signed and witnessed codicil at the end.

Say That Again!

The wealth of doctors and the poverty of patients often are equally exaggerated.

A patient's idea of a good doctor is one who's years ahead in knowledge—and months behind in billing.

There's one consolation about both life and taxes: When you finish one, you're finished with the other.

Dr. Moore Improves

Dr. J. J. Moore, Chicago pathologist, continues to show improvement at his home after becoming ill while returning home from the AMA San Francisco meeting. Dr. Moore was AMA treasurer for 15 years.

Readers Favor Science News

Most Americans are eager for science news, including medical stories, Prof. Hillier Krieghbaum of New York U. told the AMA's 1958 Public Relations Institute in Chicago.

He reported the results of a survey of 1,919 persons undertaken by the National Association of Science Writers and NYU. He said the survey showed that two of every three persons said they were willing to have the press omit other news to give more space to science stories.

Women favored medical news to other science stories. Men preferred non-medical items. More than one-third reported that they read all the medical news in their newspapers. More than two-fifths want the papers to print more medical news.

Medical news is better read than the comics, sports and society items.

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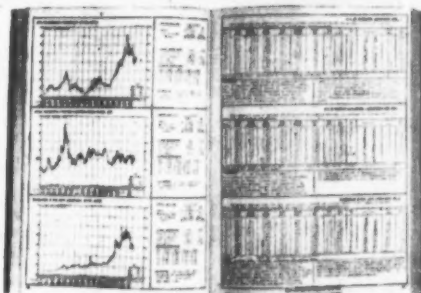
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